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## BIB DATA SHEET

CONFIRMATION NO. 3529

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/595,611	06/15/2006 RULE	705	4143	P07558US00		
<b>APPLICANTS</b> Michael David Buist, Victoria, AUSTRALIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU04/01499 10/29/2004 <b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2003905954 10/29/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> SMALL ENTITY ** 12/16/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/RAJIV J RAJ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance "Initials"	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 68	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MCKEE, VOORHEES & SEASE, P.L.C. 801 GRAND AVENUE SUITE 3200 DES MOINES, IA 50309-2721 UNITED STATES						
<b>TITLE</b> System and process for facilitating the provision of health care						
<b>FILING FEE RECEIVED</b> 1815	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			